

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM FD-570)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						
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48						
49						
60						
TOTAL NO.	3					
TOTAL DEF.	18					
TOTAL	21					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
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TOTAL NO.						
TOTAL DEF.						
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